

# BELOIT TRANSIT SYSTEM

## DISABLED IDENTIFICATION CARD

To qualify for this card, a person must have a qualifying disability that results in physical or mental impairment (as defined by Code of Federal Regulations Title 49, Volume 6, Part 609, Section 3). The definitions of the term elderly and handicapped as applied under The Federal Transit Administration (FTA)'s elderly and handicapped half-fare program apply to this rule.

Accordingly, for the purposes of this part, the definition of elderly persons includes all persons 65 years of age or over.

Similarly, the definition of handicapped persons is derived from the existing regulations at 49 CFR 609.3 which provide that Handicapped persons means those individuals who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability, including those who are non-ambulatory wheelchair-bound and those with semi-ambulatory capabilities, are unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected. The following eligibility criteria for this program are based upon the FTA's definition:

"Persons who qualify for the half-fare program are unable without special facilities or special planning or design to use public transportation facilities and services effectively. BTS has established the following as being necessary for effective use of mass transit.

- Negotiate a flight of stairs
- Board or alight from a standard bus
- Stand on a moving bus
- Read information signs
- Pull the chord to signal an operator to stop the bus.

This disability must be of a nature that it can be reasonably diagnosed by a qualified physician, physical therapist, psychiatrist or other mental health professional.

A person with such a disability can submit this application for the Temporary Disabled Identification Card to the Beloit Transit System (BTS) Offices at 1225 Willowbrook Rd., Beloit WI. Office hours are from 7:30 a.m. to 3:30 p.m. Monday thru Friday.

When applying for the Disabled Identification Card, the applicant must fill out PART ONE part one of this application. The applicant must provide their complete name, address, phone number (if any), and birth date.

PART TWO of the application must be filled out by a qualified physician, physical therapist, psychiatrist or other mental health professional. They must describe the nature of the disability, designate an expected duration of the disability, and sign the application.

The information in the application will be kept confidential. Beloit Transit System maintains the right to require a second medical opinion in determining eligibility.

Upon approval of the application, BTS will require the applicant to submit a "passport style" photograph. We will then send you your Temporary Disabled Identification Card, which will include your picture.

This card must be presented upon boarding the bus in order to be entitled to ride at half fare.

## PART ONE

### PLEASE CHECK WHICH OF THE REQUIREMENTS BELOW MEET YOUR ELIGIBILITY CRITERIA:

- ☐ Visual impairment such that: (a.) vision in better eye is 20/200 or less after best correction
- ☐ (b.) visual field is contracted of 10' or less from point of fixation or subtends an angle not greater than 20'
- ☐ 50% bilateral hearing loss uncorrected by use of a hearing aid
- ☐ Musculo-skeletal impairment such as muscular dystrophy, osteogenesis imperfecta, or severe rheumatism or arthritis of Therapeutic Grade III, Functional Class III, or Anatomical State III
- ☐ Cardiovascular impairments of Function class III or IV or Therapeutic Class C, D, or E
- ☐ Respiratory impairment Class 3 or greater
- ☐ Amputation of or anatomical deformity (due to vascular or neurological deficits, traumatic loss of muscle mass or tendons, or x-ray subluxation) or instability of: both hands; one hand and one foot; one lower extremity at or above tarsal region
- ☐ Neurological disorder due to brain dysfunction or damage to the central nervous system, including cerebral palsy resulting aberration of motor functions
- ☐ Paralysis, in-coordination or functional motor deficit in any two limbs due to brain, spinal, or peripheral nerve injury
- ☐ Emotional disturbance, including autism, either to the extent that applicant is living in a board and care facility, or at home under supervision
- ☐ Epilepsy (convulsion disorder) involving impairments of consciousness, which occur more frequently than once a month despite prescribed treatment
- ☐ Any other disability you consider will restrict mobility. Please detail below or attach an explanation to application:  

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### EXCLUSIONS:

Persons are specifically excluded from eligibility whose sole incapacity is:

- ☐ Pregnancy
- ☐ Obesity
- ☐ Acute or chronic alcoholism or drug addiction
- ☐ Contagious **disease**

PART TWO

HEALTH CARE PROFESSIONAL CERTIFICATION:

In my professional judgment this applicant's disability (please refer to the FTA Act definition on page 1) is:

(Check one only) \_\_\_\_ Permanently Disabled \_\_\_\_ Temporarily Disabled For \_\_\_\_ Months

*Note: Identification cards will not be issued for less than 90 days or more than 3 years.*

Name: (Please Print) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ - \_\_\_\_\_

*I understand that failure to certify disabilities in accordance with the above guidelines will result in cancellation of my certification privileges. I hereby declare under penalty of perjury that the information provided is true and correct.*

Health Care Professional (Signature): \_\_\_\_\_

\_\_\_\_\_  
Name of applicant (Please print or type)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_